

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

X

In re application of:

Robert K. Jarvik

Serial No.

07/311,921

Examiner:

James Prizant

Filed

February 16, 1989

Group No. 332

For: INTRAVENTRICULAR ARTIFICIAL HEARTS Date: March 14 ,1990 AND METHODS OF THEIR SURGICAL IMPLANTATION AND USE.

THE COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

Sir: Transmitted herewith is an amendment in the above-identified application.

□ No additional fee is required.

The fee has been calculated as shown below.

☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)		(2) Claims emaining after nend ment	(3)	H nu pre	(4) ighest imber viously id for	Pre	5) esent tra	(6) Rate	Ac	(7) Iditional fee
Total claims	•	91	Minus		91=	-0-	X	\$12(6)	_	-0-
Independent claims.	•	21	Minus	***	21=	-0-	х	\$34(17)	=	-0-
			··	T	otal additi this ame		or :			-0-

[•] If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. space;

	This application contains a multiple dependent claim. The required fee o
\$110(55)	has been previously paid \square , or is paid herewith \square .

	This	response	is b	eing	filed	within-	the	☐ fii	rst m	onth.		econd	month
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therefor	, and t	he fee of	□ \$5	6(28)	. 🗆	\$170(85)), 18	337	H 30	· . 🗆	\$610	(305)	for the
requisite	extens	sion is due	and	□ра	id her	ewith.		21	5,00	,		٠.	

No. 22206

A check to the amount of \$...215..09...... is attached.

☐ Charge \$ to Deposit Account No. 03-3925.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 03-3925. A duplicate copy of this sheet is enclosed.

CURTIS, MORRIS & SAFFORD, P.C. Attorneys for Applicant(s)

By John M. Kilcoyne

Registration No. 33, 100

Tel. 212-840-3333

^{**} If the Highest number of total claims previously paid for is less than 20, write "20" in this space.

^{•••} If the highest number of independent claims previously paid for is less than 3, write "3" in this space.



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		-3	IIII as Amono		1 (6)	(7)	
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present ex tra	(6) Rate	Additional fee	
Total claims	• 91	Minus	** 91=	-0- x	\$12(6) \$34(17)	- -0-	
Independent claims.	21	Minus	*** 21=	-0- x	\$34(17)	= -0-	
		_1	Total addit	ional fee for i		-0-	

[•] If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

П	This application contains a multiple dependent claim. The required fee of
,_	This approach to the control of the
\$110(55)	has been previously paid [], or is paid herewith [].

requisite extension is due and paid herewith.	☐ This response is being filed within the ☐ first month. ☐ second month, ☐ third month, ☐ fourth month following the expiration of the term originally set therefor, and the fee of ☐ \$56(28) . ☐ \$170(85) . ☐ \$215(30) . ☐ \$610(305) for the requisite extension is due and ☐ paid herewith.
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(1)	(2) Claims remaining after amend ment		(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee	
Total claims	• 91	Minus	•• 91=	-0- x	\$12(6)	0-	
Independent claims.	21	Minus	••• 21•	-0- x	\$34(17)	- -0-	
			Total additi	onal fee for :		-0-	

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